



North Dakota Workforce Safety & Insurance

VOLUNTEER ORGANIZATION COVERAGE EMPLOYER SERVICES / PHS DIVISION SFN 53065 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1 PO BOX 5585 BISMARCK ND 58506-5585 Telephone 1-800-777-5033 Toll Free Fax 1-888-786-8695 TTY (hearing impaired) 1-800-366-6888 Fraud and Safety Hotline 1-800-243-3331 www.WorkforceSafety.com

Name of Organization: Dakota College at Bottineau / Volunteer; Account Number: 1283982; Address; City; State; Zip; E-Mail; Phone; Fax; Name of Authorized Agent; Address (if different from above)

It is understood and agreed that this writing constitutes a special CONTRACT between _____, an organization engaging the services of volunteers, hereinafter "insured," and Workforce Safety & Insurance, hereinafter "WSI."

Type of Activity

What activities does the organization engage in? Will your organization have paid employees? Describe specifically the work activity for which your organization desires volunteer workers' compensation coverage.

Membership

How many volunteers do you anticipate will work on the project? Estimate the average number of hours per week each volunteer will work. Is the work: Will all volunteers participate in the same activities? If your answer is no, please estimate what percentage of volunteers will engage in which kinds of work.

VOLUNTEER ORGANIZATION COVERAGE (cont'd)

You may substitute this page with a computer printout or make additional copies if more space is needed.

List all known volunteers who will be working on the project

MEMBER LIST		
	Name	Social Security Number
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